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PAID
BY RENEWAL

NOV 18 2002

American General Fin Services
MONTGOMERY, AL

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance		Premium
CREDIT LIFE INSURANCE I want single credit life insurance.		\$ 14.75
Date <u>07/31/02</u> <u>Jessie Davis</u> Borrower JESSIE DAVIS	<u>2-26-53</u> Date of Birth	
Date _____ <u>Coverage not applicable.</u> Co-Borrower	Date of Birth _____	
CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE		\$ NONE
Date _____ <u>Insurance not available.</u> Borrower		
Date _____ <u>Insurance not available.</u> Co-Borrower		

* If I/we have selected credit disability insurance, I/we certify by signing above that the proposed insured is actively at work at least 30 hours per week.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)		Term In Months	Premium
			\$ NONE
Due _____	Insurance not elected, Borrower _____		
Due _____	Coverage not applicable, Co-Borrower _____		

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

MGAT.4975.0190

LOAN AGREEMENT AND DISCLOSURE STATEMENT

**AMERICAN
GENERAL
FINANCE**

DATE 07/31/02	ACCOUNT NUMBER 29429950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		LENDER'S TELEPHONE NUMBER 334-277-1311
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 4447 ATLANTA HWY MONTGOMERY, AL 36121-0115		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083		

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled.
29.80 %	\$ 276.42	\$ 1077.06	\$ 1353.48

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 78.48	09/05/02
17	\$ 75.00	monthly beginning 10/05/02

LATE CHARGE: ☒ If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

☐ If any payment is not paid in full within _____ days after its due date, I will be charged \$ _____ if the entire scheduled payment exceeds \$ _____ or \$ _____ if the entire scheduled payment is \$ _____ or less.

PREPAYMENT: If I pay off early:

☐ I may ☒ I will not have to pay a penalty or minimum charge.
☒ I may ☐ I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

☐ Real estate located at:

Year	Make	Model	Vehicle Identification No.

Motor
Vehicles

Other Assets Description

Other
Assets

☒ Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement.

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender.

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement

Jessie Mae Davis
Borrower
Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

MGAT.4975.0192

**AMERICAN
GENERAL
FINANCE**
INSURANCE DISCLOSURE SUMMARY

Borrower Name and Address: JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083	Branch Number: 1716
	Loan Number: 29429950
	Date: 07/31/02

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.


INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	JESSIE DAVIS	\$ 14.75
Credit Disability		\$ NONE
Credit Involuntary Unemployment		\$ NONE
Credit Personal Property		\$ NONE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
OTHER PRODUCTS	MEMBER(S)	PLAN FEE
		\$
		\$

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearned premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

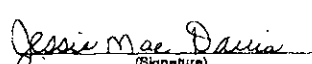
NON CREDIT INSURANCE: I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:


 (Signature)
 11430
 (License Number)

BORROWER:


 (Signature)

CO-BORROWER:

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General
 Insurance Compliance Services
 601 NW 2nd Street, P.O. Box 159
 Evansville, IN 47701-0159

UNQ171 (7-14-02)

Telephone: 1-800-325-2147 Ext 5232 Telefax: (812) 461-2852

MGAT.4975.0202

TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 11/18/02	ACCOUNT NUMBER 29429950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 4447 ATLANTA HWY MONTGOMERY, AL 36121-0115		
APR 09 2003 American General Fin Services MONTGOMERY, AL		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083		

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premium
CREDIT LIFE INSURANCE I want single credit life insurance. Date 11/18/02 <u>Jessie Davis</u> Borrower JESSIE DAVIS Date of Birth 2-26-53 Date _____ Coverage not applicable. Co-Borrower Date of Birth _____	\$ 25.00
CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE Date _____ Insurance not available. Borrower Date of Birth _____ Date _____ Insurance not available. Co-Borrower Date of Birth _____	\$ NONE

* If I/we have selected credit disability insurance, I/we certify by signing above that the proposed insured is actively at work at least 30 hours per week.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term in Months	Premium
I want credit personal property insurance with a coverage amount of \$ 1300.00. Date 11/18/02 <u>Jessie Davis</u> Borrower JESSIE DAVIS Date _____ Coverage not applicable. Co-Borrower	24	\$ 50.70

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES

LOAN AGREEMENT AND DISCLOSURE STATEMENT

**AMERICAN
GENERAL
FINANCIAL SERVICES**

DATE 11/18/02	ACCOUNT NUMBER 09421950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		LENDER'S TELEPHONE NUMBER 334-277-1311
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 4447 ATLANTA HWY MONTGOMERY, AL 36121-0115 APR 09 2003 American General Fin Services MONTGOMERY, AL		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083		

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled.
27.60 %	\$ 450.80	\$ 1395.70	\$ 1846.50

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 88.15	01/01/03
23	\$ 76.45	monthly beginning 02/01/03

LATE CHARGE: ☒ If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 92.92 or less than \$ 10.00.

☐ If any payment is not paid in full within _____ days after its due date, I will be charged \$ _____ if the entire scheduled payment exceeds \$ _____ or \$ _____ if the entire scheduled payment is \$ _____ or less.

PREPAYMENT: If I pay off early:

☐ I may ☒ I will not have to pay a penalty or minimum charge.
☒ I may ☐ I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

☐ Real estate located at:

Year	Make	Model	Vehicle Identification No.

Motor Vehicles

Other Assets Description

Other Assets

☒ Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties, if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Jessie Davis
Borrower

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

**AMERICAN
GENERAL
FINANCIAL SERVICES**

INSURANCE DISCLOSURE SUMMARY

Borrower Name and Address: JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083	Branch Number: 1716
	Loan Number: 29429950
	Date: 11/18/02

I WANT TO PURCHASE THE INSURANCE/OTHER PRODUCTS NOTED BELOW AND HAVE THE PREMIUM/FEE FINANCED AS PART OF MY LOAN. I FULLY UNDERSTAND THAT I DO NOT HAVE TO PURCHASE ANY OF THE FOLLOWING INSURANCE/OTHER PRODUCTS TO OBTAIN MY LOAN.


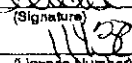
INSURANCE PRODUCT	INSURED(S)	PREMIUM
Credit Life	JESSIE DAVIS	\$ 25.00
Credit Disability		\$ NONE
Credit Involuntary Unemployment		\$ NONE
Credit Personal Property	JESSIE DAVIS	\$ 50.70
		\$
		\$
		\$
		\$
		\$
		\$
		\$
OTHER PRODUCTS	MEMBER(S)	PLAN FEE
		\$
		\$

I understand that I will have thirty (30) days from the time I receive my certificate/policy to cancel my coverage and receive a full premium refund. I understand that I may also cancel my coverage after this 30-day period and receive a refund of unearned premium. I may cancel my coverage by submitting a signed and dated written request to cancel, along with the insurance certificate/policy (if available) to the office servicing my loan or to the insurance company. I also understand I may cancel any other product(s) by returning all forms and materials to that company and receive a refund of any unearned fee.

NON CREDIT INSURANCE: I understand that any claims for benefits will be paid to me or my beneficiary and will not be paid to the lender.

Please read your policy/certificate for applicable benefits, restrictions and limitations.

INSURANCE SALESPERSON:


(Signature)

(License Number)

BORROWER:


(Signature)

CO-BORROWER:

(Signature)

Insurance Salesperson must sign in the presence of the Borrower and must personally explain the insurance coverage to the Borrower.

American General
Insurance Compliance Services
801 NW 2nd Street, P.O. Box 159
Evansville, IN 47701-0159

LOAN AGREEMENT AND DISCLOSURE STATEMENT

**AMERICAN
GENERAL
FINANCIAL SERVICES**

DATE 03/05/04	ACCOUNT NUMBER 29429950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		LENDER'S TELEPHONE NUMBER 334-277-1311
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 4447 ATLANTA HWY MONTGOMERY, AL 36109-3115		
BORROWER(S) NAME AND ADDRESS ("I", "We")		
JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083		

PAID
BY RENEWAL

I will read this entire Loan Agreement and Disclosure Statement ("Agreement") and all related documents carefully. If I have any questions, I will ask them before I sign any of these documents. By signing, I am indicating my agreement to the statements, promises, terms, and conditions contained in the documents I sign.

TRUTH IN LENDING DISCLOSURES

ANNUAL PERCENTAGE RATE The cost of my credit as a yearly rate.	FINANCE CHARGE The dollar amount the credit will cost me.	AMOUNT FINANCED The amount of credit provided to me or on my behalf.	TOTAL OF PAYMENTS The amount I will have paid after I have made all payments as scheduled.
26.64 %	\$ 393.29	\$ 1290.64	\$ 1683.93

My Payment Schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
1	\$ 73.93	04/10/04
23	\$ 70.00	monthly beginning 05/10/04

LATE CHARGE: ☒ If any payment is not paid in full within 10 days after its due date, I will be charged 5.00 % of the unpaid amount of the payment, but not more than \$ 99.99 or less than \$ 10.00.

☐ If any payment is not paid in full within _____ days after its due date, I will be charged \$ _____ if the entire scheduled payment exceeds \$ _____ or \$ _____ if the entire scheduled payment is \$ _____ or less.

PREPAYMENT: If I pay off early:

☐ I may ☒ I will not have to pay a penalty or minimum charge.
☒ I may ☐ I will not get a refund or credit of part of the finance charge.

SECURITY: I am giving Lender a security interest in:

☐ Real estate located at:

Year	Make	Model	Vehicle Identification No.

Motor Vehicles

Other Assets Description

Other Assets

☒ Household items described on the Personal Property Appraisal Form, which I have signed and which has been delivered to me with this Agreement.

ASSUMPTION: Someone buying my home, if it secures this loan, may not assume the remainder of this loan on the original terms unless approved by Lender.

☐ My loan contains a variable-rate feature. Disclosures about the variable-rate feature have been provided to me earlier.

See the remainder of this Agreement for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties, if any.

THIS AGREEMENT IS SUBJECT TO THE FEDERAL ARBITRATION ACT.

By signing below, I acknowledge receipt of a copy of this Federal Disclosure Statement.

Jessie Mae Davis
Borrower

Co-Borrower

SEE REVERSE SIDE FOR ADDITIONAL DISCLOSURES

TRUTH IN LENDING INSURANCE DISCLOSURES

DATE 03/05/04	ACCOUNT NUMBER 29429950	TYPE OF LOAN (Alpha) E00
LENDER/SECURED PARTY NAME AND ADDRESS ("Lender")		
AMERICAN GENERAL FINANCIAL SERVICES OF ALABAMA, INC. 4447 ATLANTA HWY MONTGOMERY, AL 36109-3115		
BORROWER(S) NAME AND ADDRESS ("I," "We")		
JESSIE DAVIS 1410 GAUTIER STREET TUSKEGEE, AL 36083		

CREDIT LIFE, DISABILITY, OR INVOLUNTARY UNEMPLOYMENT INSURANCE IS NOT REQUIRED TO OBTAIN CREDIT AND WILL NOT BE PROVIDED UNLESS I SIGN AND AGREE TO PAY THE ADDITIONAL COST. I cannot be denied credit simply because I choose not to buy credit insurance.

Type of Voluntary Credit Insurance	Premium
CREDIT LIFE INSURANCE I want single credit life insurance. Date <u>03/05/04</u> <u>Jessie Mae Davis</u> <u>2-26-53</u> Borrower JESSIE DAVIS Date of Birth Date _____ Coverage not applicable. Co-Borrower Date of Birth _____	\$ 22.97
CREDIT INVOLUNTARY UNEMPLOYMENT INSURANCE Date _____ Insurance not available. Borrower Date _____ Insurance not available. Co-Borrower	\$ NONE

* If I/we have selected credit disability insurance, I/we certify by signing above that the proposed insured is actively at work at least 30 hours per week.

VOLUNTARY CREDIT PERSONAL PROPERTY INSURANCE (Not required to obtain credit. May be obtained from any insurer I choose.)	Term in Months	Premium
I want credit personal property insurance with a coverage amount of \$ 1200.00. Date <u>03/05/04</u> <u>Jessie Mae Davis</u> Borrower JESSIE DAVIS Date _____ Coverage not applicable. Co-Borrower	24	\$ 46.80

CANCELLATION OF VOLUNTARY INSURANCE. I may cancel any of the voluntary credit or voluntary credit personal property insurance coverages elected above within 30 days from the Date of the Loan Agreement (as provided for in the Insurance Policy(ies)) and receive a full refund of premium(s); however, any accrued interest, additional fees, prepaid finance charges, etc., I have paid because these insurance premium(s) were included in the amount I borrowed (Amount Financed) may not be refunded. I may also cancel any voluntary credit or voluntary credit personal property insurance after 30 days have expired, but I will receive a refund of only the unearned premium. To cancel my voluntary credit or voluntary credit personal property insurance, I must submit a signed and dated written request to cancel, along with the insurance certificate/policy received with the loan (if available), to the Lender's address herein, unless otherwise notified. Both I, the Borrower, and my Co-Borrower, if any, must sign the cancellation request. The refunded premiums may be paid to Lender to reduce the amount I owe on the loan.

REQUIRED PROPERTY INSURANCE: I may obtain required property insurance from anyone I want that is acceptable to Lender, or I may provide existing coverage through any insurance company or agent of my choice that is acceptable to Lender. Items that must be insured include any automobiles, all terrain vehicles, snowmobiles, watercraft, other titled vehicles, large equipment, and dwellings and other structures attached to real property ("Property").

SEE REVERSE SIDE FOR ADDITIONAL INSURANCE DISCLOSURES